

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

21-CV-1738

GUJARATI, J.
BLOOM, M.J.

DONELL HICKMAN,
Plaintiff,

v.

NYU LUTHERAN
NYU LANGONE HEALTH SYSTEM,
DANIEL JOSEPH PURCELL, MD and
UNKNOWN MEDICAL PERSONELL at
NYU LANGONE HEALTH SYSTEM,

and

BELLEVUE HOSPITAL CENTER,
ATTENDING PHYSICIANS RAJNEESH GULATI, MD;
ALEXANDRA ORTEGA, MD; JULIA PARIS, MD;
MARK P. BERNSTEIN, MD; and UNKNOWN MEDICAL
PERSONELL at BELLEVUE HOSPITAL CENTER,

and

MEDICAL STAFF and CORRECTION OFFICERS
at MDC BROOKLYN; THE FEDERAL BUREAU OF
PRISONS (B.O.P.),

Defendants.

Civil Action No.:

FILED
IN CLERK'S OFFICE
U.S. DISTRICT COURT E.D.N.Y.
★ MAR 29 2021 ★
BROOKLYN OFFICE

RECEIVED
MAR 29 2021
PRO SE OFFICE

LIBERAL CONSTRUCTION STANDARD

Comes now Donell Hickman, hereinafter referred to as Plaintiff, proceeding pro se and prays this Honorable Court apply liberal construction to the instant filing as afforded all pro se litigants. (See Haines v. Kerner, 404 U.S. 519 (1972)).

MEMORANDUM IN SUPPORT OF 42 U.S.C. § 1983 CLAIM

Plaintiff, from the outset, explains to this Honorable Court that he is proceeding as a pro se plaintiff and reserves the right to submit relevant case law in support of his claims as raised herein and in the attached application. Plaintiff is herewith providing the facts as they relate to his claim so this Honorable Court can decide if plaintiff has a valid claim.

RELEVANT HISTORY OF CLAIM

On December 21, 2016, while being housed at the Metropolitan Detention Center ("MDC"), plaintiff was laying on his top bunk bed in his cell. Plaintiff blacked out/lost consciousness and fell from the top bunk to the floor. This is about an almost six foot fall. Plaintiff awoke to injuries to his right eye and left shoulder. Specifically, his left shoulder was knocked out of its socket and his right eye was badly damaged. Plaintiff was in excruciating pain and reported his incident and injuries to staff at MDC. Plaintiff was sent to and seen by medical personell at MDC in the medical department.

Plaintiff was seen by medical personell at MDC and it was determined that plaintiff had serious injuries to his eye and he needed chronic medical attention that only an "outside" hospital could provide. Plaintiff was sent to an NYU facility and after being observed by medical staff there, was ultimately sent to Bellevue Hospital Center. At Bellevue Hospital Center, it was determined that plaintiff required surgery to prepare the damage to his left eye.

Prior to his surgery, plaintiff was observed and tests were ran on his eye to determine the extent of the damage. Plaintiff had blurred vision in his right eye. However, even though plaintiff had blurred vision, he, nonetheless had vision. He could actually see out of his right eye. With this blurred vision, after the tests that were ran on his eye, it was determined that plaintiff had 20/20 vision, even though it was blurred in his right eye.

Plaintiff was determined to have busted his tear duct and surgery was required to limit the tearing that was coming from his right eye. It was concluded that a filter would be placed in during the surgery to limit the tearing that was coming from his injured eye.

Upon wading from the surgery plaintiff heard the medical students cheering on the Doctor who performed the surgery expressing how the surgeon had "saved the day." Plaintiff was unsure what the medical students were referring to. But it was clear

and obvious that something unintended must have taken place during the surgery because the nurses were congratulating the surgeon as well on how he "saved" something. The cheering went on for a couple of minutes followed by congratulations to the surgeon for whatever he had done to "save" whatever needed saving during plaintiff's surgery. During this entire time plaintiff had an eye patch on his right eye that had been operated on. Neither plaintiff, nor the surgeon could have known at that time whether or not the surgery had been a success.

During his follow up visit, plaintiff's eye patch was removed and this is when he discovered that he had absolutely no vision whatsoever in his right eye. Plaintiff immediately panicked. Plaintiff, understandably, went berserk in the doctor's office and was restrained by officers who were there to guard him from the federal institution. After calming down, plaintiff, with tears dripping from both his eyes due to his emotional state at that time, explained to the doctor that he was completely blind in his right eye. The doctor, who was not the one who had performed the surgery, was a female and after plaintiff informed her of his loss of sight, began texting someone for approximately fifteen (15) minutes. The doctor informed plaintiff that she was "confused" as to what could have gone wrong during the surgery that caused plaintiff to lose his eyesight completely. Finally, the doctor put her phone down and told plaintiff that blood from the surgery could have possibly dried up on a nerve and that could have contributed to his vision loss.

Plaintiff knows that the officers who were assigned to escort him to the hospital from MDC Brooklyn and guard him were present during his surgery the entire time and if anything had gone wrong, or looked out of the ordinary, then they certainly observed it and are witnesses. Also, the medical students and nurses who were present during the surgery also witnessed whatever had taken place and they are witnesses and/or willing or unwitting participants in the medical malpractice that obviously took place during plaintiff's surgery.

In January of 2017 plaintiff began filing his administrative remedies with his unit team grieving about the medical malpractice that resulted in the loss of

his vision in his right eye. Plaintiff began by filing a BP-8 stating that the institution (MDC), medical staff and the B.O.P. were all liable and responsible for contributing to the loss of his vision by sending him to the medical provider that performed the surgery that resulted in the loss of his vision. Plaintiff waited for more than 60 days for a response and when none was given to him, he filed another BP-8 with the same complaint and also stating that he never received any response to his original BP-8. Plaintiff again waited 60 days and still never received a response. Finally plaintiff filed a BP-9 to the warden and explained to him the history of his filings of the BP-8's without response. Plaintiff never received any response to his BP-9 from the Warden or any of the warden's representatives.

On November 20, 2018, plaintiff filed a Tort Claim for damages/SF-95 Form to the Northeast Regional Office but never received a response confirming their receipt of said form. On May 20, 2019, plaintiff sent a letter to the Northeast Regional Office asking about the status of his SF-95 Form/Tort Claim.

Plaintiff is currently housed at the Federal Correctional Institution Hazelton in West Virginia. Plaintiff has sent many requests to staff members at MDC Brooklyn and F.C.I. Hazelton inquiring about the status of his administrative remedies and his Tort Claim/SF-95 filings, all to no avail. With the exception, however, of his Case Manager at F.C.I. Hazelton Mr. Fahey, in where Mr. Fahey instructed plaintiff to "resubmit" his claim for damages since he "never received confirmation." (See attached Exhibit A).

During mail call at F.C.I. Hazelton on or about September 16, 2020, plaintiff received letter/notice from Darrin Howard, Regional Counsel, in where Mr. Howard informed plaintiff that his office had received plaintiff's claim on March 13, 2020. Mr. Howard informed plaintiff that his claim is being denied because he "failed to

submit your administrative claim within the time restrictions contained in the applicable statutes and federal regulations..." (See attached Exhibit B).

Plaintiff wrote the Regional Counsel back informing him that he (Plaintiff) had actually filed his complaint within the time restrictions and that plaintiff had filed his claim on or about November 20, 2018 and that his injuries occurred in December of 2016, therefore his claim was timely filed. Plaintiff also sent copies of his entire filings along with an affidavit attesting to the authenticity of his filings and their dates of filings, under penalty of perjury. To date, the Regional Counsel has not responded. Plaintiff could not get any copies of his filings he recently sent to the Regional Director due to the lockdowns and modified lockdown for Covid and, being that the time restriction issue was brought up, plaintiff sent the Regional Counsel his remaining copies of his administrative remedy filings and affidavit. Plaintiff does, however, have copies of his Tort Claim for damages that he filed with the Northeast Regional Director and has attached those herewith, as well as his request to staff in where he inquired about his filings and his Case Manager Mr. Fahey's instructing plaintiff to resubmit his complaint. Plaintiff also has included with this filing, his latest correspondence with the F.B.O.P.'s Northeast Regional Director's office in where plaintiff is inquiring about the status of his originally filed Tort Claim/SF-95 form. (See attached Exhibits C). To date, plaintiff has not received any response from the Northeast Regional Director's office.

EQUITABLE TOLLING

Plaintiff is asking this Honorable Court to apply equitable tolling to the instant filing from the time periods between January of 2017, the date which plaintiff began his administrative remedy process, to September of 2020. From the herein above and attached, plaintiff has stated with specificity that he has

diligently pursued his claim throughout the entire time he is seeking to be tolled. Due to forces/circumstances outside plaintiff's control, this time period elapsed without his filings being properly noticed, filed and handled. Now, with no other recourse, plaintiff is seeking redress from this Honorable Court for the damage he suffered through medical malpractice of the named defendants. This tolling will guarantee plaintiff's due process rights are preserved and protected, as well as his right to seek compensation for damages he suffered through negligence, malpractice and indifference committed by the named defendants.

CLAIM/ARGUMENT

As plaintiff stated herein above, he fell from his top bunk when he was housed in MDC Brooklyn, a federal facility. Upon falling, plaintiff injured his shoulder and his right eye. The right eye was damaged so severely that medical staff at the institution were not able to provide adequate treatment at that time so they chose to send plaintiff to an outside hospital. Plaintiff, through the choice of the the Federal Bureau of Prisons by way of medical and other staff at MDC Brooklyn, chose to send plaintiff to NYULutheran/Langone Health System. There, plaintiff was treated/checked out by Daniel Joseph Purcell, MD, as well as other unknown medical personel. The decision was then made to send plaintiff to Bellevue Hospital Center. Up to this point, Staff at MDC Brooklyn, F.B.O.P. and NYU Health System are all responsible for plaintiff being sent to Bellevue Hospital Center which makes them all equally liable for the resulting treatment.

While at Bellevue Hospital Center, plaintiff was treated by Attending Physicians Rajneesh Gulati, MD; Alexandra Ortega, MD; Julia Paris, MD; Mark P. Bernstein, MD and unknown personel at Bellevue Hospital Center it was determined by the attending physicians that plaintiff needed surgery to repair the damage to his right eye. Prior to the surgery, it was determined that plaintiff had 20/20 vision in "both" eyes, but blurred vision in the injured right eye. The surgery was performed on

plaintiff's right eye. Plaintiff suffered more severe damage after the surgery than he did from the original injury that necessitated the surgery. The damage suffered is consistent, persistent and is permanent. As a result of the surgery plaintiff lost his eyesight completely in his right eye. He is blind in his right eye after the surgery and due to the surgery. There was obvious negligence on the part of the surgeon in that plaintiff would otherwise still have his eyesight. The follow doctor even stated that she did not know what happened during the surgery, but clearly implied that something out of the ordinary had happened. She even went so far as to inform plaintiff that maybe blood had dried on the nerve. All this is indicative of the malpractice that took place during plaintiff's surgery and this result was not one of the noted or informed risks possible with this type of surgery. In short, the named defendants who worked at Bellevue Hospital Center and were responsible for plaintiff's surgery and treatment are all responsible directly and indirectly for plaintiff's loss of vision in his right eye. This has certainly led to harm, physically, emotionally and psychologically to plaintiff that is long lasting and permanent. Physically plaintiff will never recover as his vision is lost for life. Emotionally and psychologically, it is still a struggle getting used to not being able to see out of his right eye and having to look at the obvious damage and deformity of his right eye.

Defendants never attempted a corrective surgery and instead opted to proceed as if it is natural that plaintiff has lost his sight after the surgery. Plaintiff regrets the surgery to this day because if not for the surgery, at the very least he would still have vision in his right eye, even if that vision was blurred.

During his return stay at MDC Brooklyn, plaintiff requested medical attention on many occasions to deal with his loss of sight to his eye. He requested from staff at MDC Brooklyn that he be scheduled for some form of corrective surgery, or at least an attempt at corrective surgery, but his requests were ignored and then

outright denied. Plaintiff literally begged for the institution to get him to the hospital so that he can undergo another surgery to try and repair the damage suffered from his fall off the bunk and from the botched surgery that left him blind. Defendants at MDC Brooklyn showed complete indifference to plaintiff's medical needs at this time by refusing him medical attention outright.

Plaintiff was also informed by defendants at Bellevue Medical Center that the surgery they had performed on him was all they were going to do in their efforts to repair the damage suffered from his fall off of his bunk and they refused to attempt to repair the damage suffered as a result of the surgery. Defendants at Bellevue Medical Center informed plaintiff that his blindness in his right eye is permanent and that there was nothing they could do to repair it. Plaintiff found it hard to believe that the very surgeon(s) who had performed his surgery resulting in plaintiff's loss of sight in his right eye could not repair what they had destroyed.

If not for the herein named defendants' negligence, malpractice and medical indifference, plaintiff would not have lost his eyesight in his right eye and would not still be suffering the ramifications of defendants' acts to this day. Plaintiff has and is continuing to suffer to this day and will continue to suffer for the rest of his life as there is no cure for blindness.

Plaintiff is a pro se complaintant and is not well versed in the complexities of the law and filing of lawsuits and therefore prays this Honorable Court interpret this claim as one that is cognizable under the proper legal authority that fits with the claim(s) raised herein. For the record and as a reiteration, plaintiff states that if not for the medical malpractice and indifference perpetrated against plaintiff by the defendants named herein, plaintiff would still have his eyesight in his right eye and would not be suffering the the physical, emotional and psychological trauma that began after his surgery and continues to the present day and will most likely continue for the foreseeable future, unless and until there is a cure for blindness. By refusing to offer or attempt a corrective surgery,

defendants, separately and in concert with one another, obdurately and wantonly refused to remedy plaintiff's blindness or attempt to remedy it. The named defendants were/are acting under the color of the State of New York Law as well as federal law in their professional capacities when they were treating plaintiff and housing him under their care. Plaintiff was deprived of various constitutional rights as evidenced by the complaint raised herein.

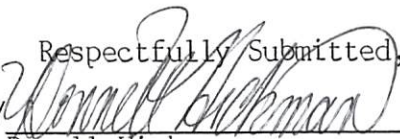
REMEDY/RELIEF PRAYED FOR

Based on the herein foregoing claims, plaintiff prays this Honorable Court order defendants, individually and collectively, to pay plaintiff \$5,000,000.00 in monetary damages for the harms suffered as a result of the actions of defendants. Or that this Honorable Court proceed to discovery, motions, hearings and trial on the matter raised herein.

And/or any justice the law and this Honorable Court deem necessary under the circumstances.

Dated this 24 day of March, 2021.

I, Donell Hickman, swear under penalty of perjury by the laws of the United States of America that the herein foregoing and attached is true and correct to the best of my knowledge and belief. (28 U.S.C. § 1746).

Respectfully Submitted,
/s/ 
Donell Hickman
Plaintiff Pro Se

AFFIDAVIT OF DONELL HICKMAN

I, Donell Hickman, being first duly sworn, depose, state and declare under penalty of perjury by the laws of the United States of America, that:

- 1.] I am at least eighteen (18) years of age and am of sound mind and competent to state the claims raised in the accompanying filings as well as the facts stated herein.
- 2.] I have first hand knowledge of all facts stated herein as well as in the attached filings.
- 3.] On December 21, 2016, while housed at the Metropolitan Detention Center (MDC) in Brooklyn New York, I fell from the top bunk bed and hit the floor causing me to lose consciousness.
- 4.] When I awoke from my fall, I realized that I had injured my shoulder and severely injured my right eye.
- 5.] I was taken to and seen by medical staff at MDC Brooklyn and it was determined that my injuries to my eye were so severe that I needed "outside" medical treatment/assistance.
- 6.] The Federal Bureau of Prisons (FBOP), by way of medical and correctional staff at MDC Brooklyn, transported me to NYU Langone Health System (NYU Lutheran) for treatment.
- 7.] NYU Langone Health Systems (NYU Lutheran), by way of Daniel Joseph Purcell, MD, as well as unknown medical personel, transferred me to Bellevue Hospital Center for treatment/surgery on my right eye.
- 8.] Bellevue Hospital Center, by way of Attending Physicians Rajneesh Gulati, MD; Alexandra Ortega, MD; Julia Paris, MD; Mark P. Bernstein, MD and unknown medical personel observed and ran tests on my right eye and it was determined that I had 20/20 vision in **both** eyes and, although my vision was blurred in my right eye, surgery was required to repair the damage suffered from the fall.
- 9.] Medical staff named as defendants in the attached complaint, working at Bellevue Hospital Center informed affiant/plaintiff that a "filter" would be placed in during the surgery to limit the tearing that was coming from his injured right eye.
- 10.] Prior to my surgery, I had vision in **both** of my eyes and upon waking from my surgery, my right eye had a patch/bandage on it. The success or failures of the operation was not known at this time.
- 11.] During a follow up visit at the hospital, I was in a consultation with a female doctor (name unknown) in where she removed the eye patch/bandage for the first time since my surgery. It was at that moment that it was discovered that the surgery was botched and something had gone terribly wrong because I was now blind in my right eye, the eye that the surgery was performed on.

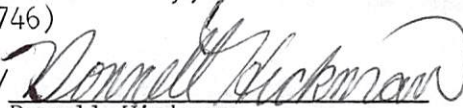
- 12.] Once I discovered that I was now blind in my right eye, I panicked and was needing to be restrained by the corrections officers who were in the room guarding me during my consultation.
- 13.] The female doctor began texting someone for about fifteen (15) minutes before finally expressing to me that she didn't know what had gone wrong during my surgery, implying and confirming that something had in fact gone wrong. She stated that "maybe" the blood dried up on my nerve.
- 14.] That I was returned to MDC Brooklyn and I requested from staff, both medical and correctional, that I be sent back to the hospital and rescheduled for some type of corrective surgery to give me back my eyesight.
- 15.] Medical staff and correctional staff at MDC Brooklyn refused to grant my request and completely ignored my pleas for medical attention to try and restore my vision.
- 16.] Bellevue Hospital Center and the named defendants who worked at that facility did not perform, nor ever attempt to perform any type of corrective surgery to try and repair the damage caused by the botched surgery. Named defendants in my complaint all failed or refused to provide me with not only proper, but any form of medical treatment to repair the damage to my eye caused by the surgery.
- 17.] If not for the surgery, I would still have my vision today, albeit blurry in my right eye, but still the ability to see nonetheless.
- 18.] That the doctor(s) who performed my surgery were negligent in the performance thereof, which constitutes medical malpractice, that resulted in the complete loss of sight in my right eye. The sight that I had before the surgery.
- 19.] Medical and correctional staff at MDC Brooklyn, as well as medical staff at Bellevue Hospital Center who were a part of my surgery/treatment showed a complete and total disregard for my medical needs, as well as indifference to my medical needs.
- 20.] I am suffering physical, emotional and psychological damage as a result of the medical malpractice and negligence of Bellevue Hospital Center and its named and unknown medical staff and that suffering will likely continue for the rest of my life unless a cure for blindness is discovered.
- 21.] Named Bureau of Prisons defendants/employees disregarded and failed to consider or even acknowledge my grievances that I filed regarding my medical issues complained of in the accompanying complaint.
- 22.] That all defendants named herein and in the attached complaint, as well as the unknown defendants, all violated my constitutional rights, namely the Eighth Amendment to the U.S. Constitution which is applicable to the states through the due process clause.
- 23.] When the state, or in my case the federal government by way of the Bureau of Prisons, takes a person into its custody and holds them there against their will, the constitution imposes upon it a corresponding duty to assume some responsibility for his safety and general well being. Clearly, defendants failed and/or refused to fulfill their duty in my specific case/circumstances.

- 24.] The eighth amendment prohibits the infliction of cruel and unusual punishment on those convicted of crimes and that kind of punishment includes prison officials' deliberate indifference to inmates' serious medical needs.
- 25.] I was deprived of adequate medical care that resulted in the loss of my eyesight, and continuous physical and psychological sufferings that I will most likely never be able to heal from.
- 26.] I began filing my grievances with the Federal Bureau of Prisons in January of 2017.
- 27.] None of my grievances were ever responded to, nor were they even acknowledged.
- 28.] I followed proper procedures and protocol, all to no avail and that was out of my control.
- 29.] I filed a Tort Claim for damages/SF-95 form with the Northeast Regional Office of the Federal Bureau of Prisons and never received a response to these filings. Said Tort Claim for damages/SF-95 form was timely filed on November 20, 2018.
- 30.] On May 20, 2019, I filed a letter with the Northeast Regional Office inquiring about the status of my Tort Claim for damages/SF-95.
- 31.] I am currently housed at F.C.I. Hazelton in West Virginia. I have sent many requests to staff here at F.C.I. Hazelton and MDC Brooklyn inquiring about the status of my administrative remedies, as well as my Tort Claim for damages/SF-95 filings, all to no avail and with no response.
- 32.] My case manager here at F.C.I. Hazelton Mr. Fahey (no longer my case manager) told me to resubmit my claim.
- 33.] During mail call about September 16, 2020, I received a letter dated July 6, 2020, from Darrin Howard, Regional Counsel, informing me that his office received my claim on March 13, 2020 and it was being denied as untimely filed.
- 34.] I began and filed my administrative remedies and Tort Claim for damages/SF-95 filings, "**timely**", but they were disregarded and not processed. My filings began on January of 2017 and continued/continues to the present.
- 35.] I followed and observed all time restrictions regarding the filings of my administrative remedies, Tort Claim for damages/SF-95 as well as attempts to seek redress with the Courts but my grievances have gone unacknowledged and totally disregarded.
- 36.] The Administrative Remedy is unavailable when the remedy operates as a simple dead end-with officers unable or consistently unwilling to provide any relief to aggrieved inmates; is so opaque that it becomes, practically speaking, incapable of use or, no ordinary prisoner can discern or navigate it; it allows prison administrators to thwart inmates from taking advantage of a grievance process through machination, misrepresentation, or intimidation.
- 37.] The Civil Law generally calls a person reckless who acts or, if the person has a duty to act, fails to act in the face of an unjustifiably high risk of harm that is either known or so obvious that it should be known.

- 38.] A complaint is deemed to include any written instrument attached to it as an exhibit or any statements or documents incorporated in it by reference. Matters to which the court takes judicial notice are also not considered matters outside the pleadings. Matters the Court may take judicial notice of are, for example, documents that are publicly available and whose accuracy cannot reasonably be questioned.
- 39.] The record of my medical treatment and surgery are and should be on file with defendants in their respective places of employment named herein and in the attached complaint.
- 40.] All the statements and allegations made in my attached complaint and herein are all true and I swear to their authenticity under the penalty of perjury.

Dated this 24 day of March, 2021.

I, Donell Hickman, swear under penalty of perjury by the laws of the United States of America that the herein foregoing, in its entirety, is true and correct and not meant to be misleading. (28 U.S.C. § 1746)

/s/ 
Donell Hickman
Affiant

CERTIFICATE OF SERVICE

I, Donell Hickman, swear under penalty of perjury by the laws of the United States of America that I caused to be sent a true and correct copy of the herein attached, to the named defendants, by placing same in the institution's mailbox/mail system with first class postage prepaid, on March 24, 2021. Thos named defendants are the following:

NYU Lutheran
NYU Langone Health System,
Daniel Joseph Purcell, MD and
Unknown Medical Personel at
NYU Langone Health System

And

Bellevue Hospital Center,
Attending Physicians Rajneesh Gulati, MD
Alexandra Ortega, MD
Julia Paris, MD
Mark P. Bernstein, MD
And Unknown Medical Personel at
Bellevue Hospital Center

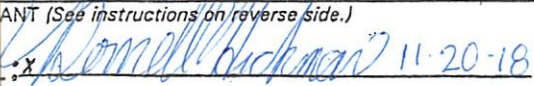
And

Medical Staff and Correction Staff/Officers
at MDC Brooklyn
The Federal Bureau of Prisons (FBOP)

I caused one packet/envelope to be served at the addresses of each facility and addressed the envelope in the same manner as the heading of the complaint due to my filing this complaint pro se and my being at a disadvantage as an inmate unable to research and investigate the exact addresses of each individual defendant to be served.

/s/ 
Donell Hickman
Pro Se Plaintiff

MY EXTRA COPY 11-20-18

CLAIM FOR DAMAGE, INJURY, OR DEATH		INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of the form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit To Appropriate Federal Agency: Federal Bureau Of Prisons C/O SF-95 Northeast Regional Office 2nd & Chesnut St. 7th Floor Philadelphia, PA. 19106		2. Name, Address of claimant and claimant's personal representative, if any. (See instructions on reverse.) (Number, street, city, State and Zip Code) Donell Hickman # 77957-054 U. S. P. Cannan P. O. Box 300 Waymart, PA. 18472			
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input type="checkbox"/> CIVILIAN	4. DATE OF BIRTH 8-15-1978	5. MARITAL STATUS SINGLE	6. DATE AND DAY OF ACCIDENT 12-22-2016	7. TIME (A.M. or P.M.) ? ? ? ?	
8. Basis of Claim (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof) (Use additional pages if necessary.) [DEFINITION: *BOP employees and contracted employees, or contracted or medical staff named unnamed from the start of the issue / tort to the end of the issue-tort this includes the U.S. Marshals] On 12-22-2016 I was a inmate at the Metropolitan Detention Center Brooklyn (MDC BROOKLYN) .I was housed there by the *U.S. Marshal in a *BOP facility as a detainee. - PLEASE SEE CONTINUING PAGE TO : "8. BASE OF CLAIM"					
9. PROPERTY DAMAGE					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, street, city, State, and Zip Code) N / A					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF DAMAGE AND THE LOCATION WHERE PROPERTY MAY BE INSPECTED. (See instructions on reverse side.) N / A					
10. PERSONAL INJURY/WRONGFUL DEATH					
STATE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE NAME OF INJURED PERSON OR DECEDENT. [see *BOP Medical records]. The nature and extent of my injury is : I have 100% lose of the Eyesight in my Right Eye. [see EXHIBITS 1, A, B and C] On 12-22-2016 I fell off the TOP BUNK and lost a EYE. Further the *BOP will not give me any follow-up care to see if my eyesight can be restored.					
11. WITNESSES					
NAME		ADDRESS (Number, street, city, State, and Zip Code)			
All of the names in the Exhibits. All of the *BOP medical staff at MDC Brooklyn & the *U.S. Marshals Office assigned to it.		I don't know all of they Address other then what is found in the Exhibits. The address of the MDC & NY Marshals are known to the regional			
12. (See instructions on reverse) AMOUNT OF CLAIM (In dollars)					
12a. PROPERTY DAMAGE N/A	12b. PERSONAL INJURY \$ 5,000,000.00 Five Million Dollars	12c. WRONGFUL DEATH 0	12d. TOTAL (Failure to specify may cause forfeiture of your rights.) Five Million Dollars		
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE ACCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side.) HICKMAN, DONELL : X  11-20-18		13b. Phone number of signatory Call the Prison	14. DATE OF CLAIM 11-20-2018		
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM The claimant shall forfeit and pay to the United States the sum of \$2,000 plus double the amount of damages sustained by the United States. (See 31 U.S.C. 3729.)		CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS Fine of not more than \$10,000 or imprisonment for not more than 5 years or both. (See 18 U.S.C. 287, 1001.)			

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Previous editions not usable.
Designed using Perform Pro, WHS/DIOR, Jun 98

NSN 7540-00-634-4046

STANDARD FORM 95 (Rev. 7-85) (EG)
PRESCRIBED BY DEPT. OF JUSTICE
28 CFR 14.2

Page 2 of SF-95
of 11-20-2018
=====

ONE CONTINUING PAGE FROM: "8. BASIS OF CLAIM"
=====

I was assigned to a cell on the top bunk. I had over and over asked the *BOP staff to move me to the Bottom BUNK as I was too big to get on the top Bunk. I asked Medical staff for a medical pass for a bottom Bunk. I told *BOP medical staff at MDC Brooklyn that I had Fallen Off the Bunk multiple times. The Nurse told me that She could not medically move me and that neither could the PA and that the only one that could do so was the Medical Doctor. I asked to be put in to see the Doctor The nurse told me that she could not put me in to see the Doctor just because I was a big man.

On 12-22-16 I fell off of the TOP BUNK once aging. The *BOP / * U.S. Marshals rushed me to a contract medical hospital. [SEE EXHIBITS, 1, A, B, & C] These Medical Records are a part of this tort in section "8. BASES OF CLAIM" Every Person named in the papers is a party to this suite/ claim.

On 12-22-2016 I could see out of both of my eyes. Once the *BOP / * Marshals took me to there contracted medical staff/ hospital(s) I could still see out of my injured right eye. [SEE EXHIBIT-A at page 16]. I was then taken to yet a another *BOP / *U. S. Marshals medical contractor.[SEE EXHIBITS 1, A, B & C.]

I was subjected to unnecessary EYE SURGERY so that the *BOP / * U.S. Marshals medical providers could bill there *BOP / * U.S. Marshals for the cost of surgery. after all I was Just an INMATE and if I lost my eye so what.

The *BOP/ *U.S. Marshals and there contracted staff owed me a duty of care and failed to give it to me causing me to louse my RIGHT EYE. I asked the *BOP to move me from the unsafe top bunk they told me they could not. I DID inform the *U.S. Marshals that I was having trouble with the TOP BUNK *they told me they could not do anything and that I had to see the MDC / *BOP medical staff.

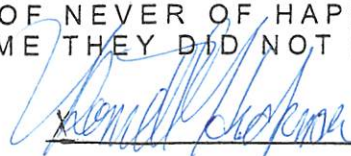
CONCLUSION TO "8. BASIS OF CLAIM"
=====

I did in inform MDC Brooklyn medical staff that I had and was falling out of the top bunk. I did in fact ask for a bottom bunk I was told by medical staff that they could not do this. I asked the nurse at sick-call if the PA could not do it I was told that only the Doctor could do it. I even asked if the Health service administrator could give me a bottom bunk. I was once aging told that only the Doctor could grant my medical request. I asked more then one medical staff only to be told that I had to see the Doctor. In short no medical staff would give me a bottom bunk even after I told them i was falling out of the bunk to to my size. I was told repeatedly by *BOP medical staff that "THEY" i.e. the *BOP MDC medical staff I was asking to give me bottom bunk did not have the power to help me.

I did in fact tell the * U.S. Marshals that I was falling out of the top bunk and that I could not get any help from *BOP medical staff. I was told that *they could not help me as it was out of there control and I had to take it up with the *BOP MDC staff.

On 12-22-2016 I fell out of the bunk and this coursed me to louse my Right eye. I believe that the *BOP *U.S. Marshals contract medical staff did in fact perform unnecessary surge on my so that they could get a pay-day from the Federal Government thus causing me to louse 100 % of the vision in my Right EYE. Further the *BOP has done no follow-up to see if my eyesight can be restored.

SO THAT I AM CLEAR IF NOT FOR THE *BOP & *U.S. MARSHALS REFUSING TO HELP ME GET A BOTTOM BUNK WHEN THEY KNEW I WAS FALLING OUT OF THE TOP BUNK THIS WOULD OF NEVER OF HAPPENED IN THE FIRST PLACE. EVERY ONEONE I ASKED TOLD ME THEY DID NOT HAVE THE AUTHORITY OR POWER TO HELP ME.



11-20-18

Page 2 of 2 SF-95
of 11-20-2018
=====



BELLEVUE HOSPITAL CENTER

CONSULTATION REQUEST

Date of Request:

Time:

Name of Patient:

Chart #:

Service Requesting:

Ward/Team/Clinic

Room #:

Service Consulted:

☐ INPATIENT☐ OUTPATIENT☐ EMERGENCY (1 Hr.)☐ URGENT (4 Hrs.)☐ ROUTINE (24 Hrs.)

Summary and Specific Reason for Consultation:

Current Diagnosis & Medication(s):

Signature of Physician Requesting Consultation:

Please Print Name:

Beeper #:

NOTE OF CONSULTANT

Date

Time:

To whom it may concern,

Pt. Hickman, Donell must follow up

in SN⁻²⁷ Ophthalmology consult room Hosp. bldg

on Wed 1/4/2017 @ 9am. and 1/9/2017

@ 11am in the same room. Please call

with any questions 212-562-1790.

Recommendations:

Thanks!

EX-1

Dr. Joyce Khandji
M.D. #552937For SF-95
11-20-2014B. Blalor, MD
Staff Physician
MDC Brooklyn

1/28/16

JOYCE KHANDJI, M.D.

Signature of Consultant:

Ext. _____

BEL-108

CHART RECORD

Please Print Name:

Beeper #:

Inmate Name: HICKMAN, DONELL

Reg #: 77957-054

Date of Birth: 08/15/1978

Sex: M Race: BLACK

Facility: HAF

Encounter Date: 01/06/2020 09:41

Provider: Adams, Emmanuel MD

Unit: N01

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
01/06/2020	08:52 HAX	18	Davidson, Michele CCMA
12/19/2019	08:47 HAX	18	Resh, J. CRNP

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
01/06/2020	08:52 HAX	148/101	Left Arm	Sitting	Adult-large	Davidson, Michele CCMA
12/20/2019	10:16 HAX	160/100	Left Arm	Sitting	Adult-large	Hahn, C. RN
12/19/2019	08:47 HAX	151/94				Resh, J. CRNP

SaO2:

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
01/06/2020	08:52 HAX	97	Room Air	Davidson, Michele CCMA
12/19/2019	08:47 HAX	98		Resh, J. CRNP

Weight:

<u>Date</u>	<u>Time</u>	<u>Lbs</u>	<u>Kg</u>	<u>Waist Circum.</u>	<u>Provider</u>
01/06/2020	08:52 HAX	266.0	120.7		Davidson, Michele CCMA
12/19/2019	08:47 HAX	272.0	123.4		Resh, J. CRNP

Exam:**General****Affect**

Yes: Pleasant, Cooperative

No: Irritable, Agitated, Flat

Appearance

Yes: Appears Well, Alert and Oriented x 3

Pulmonary**Observation/Inspection**

Yes: Within Normal Limits

No: Coughing, severe w production green/brown mucus, Respiratory Distress, Tachypnea, Hyperventilation

Thorax

Yes: Within Normal Limits, Normal Thoracic Expansion

Auscultation

Yes: Clear to Auscultation

No: Crackles, Rhonchi, Wheezing

Cardiovascular**Observation**

Yes: Within Normal Limits, Normal Rate, Regular Rhythm

No: Tachycardia, Bradycardia

Auscultation

Yes: Regular Rate and Rhythm (RRR), Normal S1 and S2

No: M/R/G, S3

Peripheral Vascular**General**

Yes: Within Normal Limits

Inmate Name: HICKMAN, DONELL

Date of Birth: 08/15/1978

Encounter Date: 01/06/2020 09:41

Sex: M Race: BLACK

Provider: Adams, Emmanuel MD

Reg #: 77957-054

Facility: HAF

Unit: N01

Exam:

No: Varicosities, Non-Pitting Edema

Neurologic**Cranial Nerves (CN)**

Yes: Within Normal Limits, CN 2-12 Intact Grossly

ASSESSMENT:Blindness, one eye, normal vision other eye, H5440 - Current - *Right Eye Blindness*

Chronic kidney disease, stage 3 (moderate), N183 - Current

Essential (primary) hypertension, I10 - Current

PLAN:**New Medication Orders:**

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
	Losartan Tablet	01/06/2020 09:41	50 mg Orally - daily x 365 day(s)

Indication: Essential (primary) hypertension, Chronic kidney disease, stage 3 (moderate)**Renew Medication Orders:**

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
377411-HAX	HydroCHLORothiazide 12.5 MG Cap	01/06/2020 09:41	Take one capsule (12.5 MG) by mouth each day x 365 day(s)

Indication: Essential (primary) hypertension**Discontinued Medication Orders:**

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
382174-HAX	Losartan potassium 25 MG Tab	01/06/2020 09:41	Take one tablet (25 MG) by mouth each day

Discontinue Type: When Pharmacy Processes**Discontinue Reason:** Order changed**Indication:****New Laboratory Requests:**

<u>Details</u>	<u>Frequency</u>	<u>Due Date</u>	<u>Priority</u>
Lab Tests - Short List-General-CBC w/diff	One Time	05/08/2020 00:00	Routine
Lab Tests - Short List-General-Lipid Profile			
Lab Tests - Short List-General-TSH			
Lab Tests - Short List-General-Hemoglobin A1C			
Lab Tests - Short List-General-PSA, Total			
Lab Tests - Short List-General-T4, Free			
Lab Tests - Short List-General-Microalbumin & Creatinine, Urine Random			
Lab Tests - Short List-General-Comprehensive Metabolic Profile (CMP)			
Lab Tests-U-Urinalysis w/Reflex to Microscopic			
Lab Tests-C-Culture, Urine			
Lab Tests - Short List-General-Iron & TIBC (%sat)			
Lab Tests - Short List-General-Magnesium			
Lab results requested to be notified to:	Resh, J. CRNP		
Lab results requested to be notified to:	Armel, Amy PA-C		
Lab Tests - Short List-General-CBC w/diff	One Time	10/30/2020 00:00	Routine
Lab Tests - Short List-General-Lipid Profile			

EXHIBIT A

TRULINCS 77957054 - HICKMAN, DONELL - Unit: HAF-N-A

FROM: 77957054
TO: FCI Unit N
SUBJECT: ***Request to Staff*** HICKMAN, DONELL, Reg# 77957054, HAF-N-A
DATE: 02/29/2020 06:57:31 PM

To: Mr. Hanson, Unit mNAGER
Inmate Work Assignment: lp

REQUEST TO STAFF
=====

FROM: Donell Hickman, 77957-054
TO: Mr. Hanson, N-1 Unit Manager F C I Hazelton, WV.
DATE: 3-1-2020
SUBJECT: TORT CLAIM SF-95 SENT TO THE NORTHEAST REGIONAL OFFICE 11-20-2018
=====

COPIES SENT TO: Regional Director, Northeast Regional Office
2nd & Chesnut St., 7th Floor Philadelphia, PA. 19106

Mr. Hanson,
I sent a tort claim / SF-95 to the Northeast Regional Office (N R O) on 11-20-2018²⁰¹⁸. This was over a year ago.
I sent the (N R O) a letter on May 20, 2019 I still have not received a response.

I was injured at MDC Brooklyn on 12-22-2016. I lost a eye. I finally got the medical records and that took over a year to do.
The safety Officer told me that I had to file a SF-95 within 2 years of the injury. I did that all to no avail i.e. I can't get a response from the (N R O).

REQUEST: I request that you call the (N R O) and see wear my response to my 11-20-2018 filed SF-95.

Thank You,

Mr. Hickman.

CC: File
(NRO)

*Inmate instructed to resubmit
since he never received confirmation
of receipt of original Tort Claim.*

*J. Bailey
CSW*

TRULINCS 77957054 - HICKMAN, DONELL - Unit: HAF-N-A

FROM: 77957054
TO: FCI Unit N
SUBJECT: ***Request to Staff*** HICKMAN, DONELL, Reg# 77957054, HAF-N-A
DATE: 03/06/2020 07:54:52 AM

To: inmate copy
Inmate Work Assignment: lp

copy
-----HICKMAN, DONELL on 3/6/2020 7:54 AM wrote:

>

mailed TO
Reg-Dir mid-Altant
Certified mail
7014 0510 0000 4402 3144
OUT 3-8-20

FOLLOW-UP TO 3-1-2020 REQUEST TO STAFF

Mr. Hanson

After talking to the AW-Keays and some Phone calls Mr. Fahey, Case manager told me the Following;

" INMATE INSTRUCTED TO RESUBMIT SINCE HE NEVER RECEIVED CONFIRMATION OF RECEIPT OF ORIGINAL TORT CLAIM." [OF 11-20-2018.

I will mail it Monday 3-9-2020 by certified U.S. Mail with return receipt this ways No further games can be played.

Thank you for your help. Mr. Hickman

copy to Regional Director
-----HICKMAN, DONELL on 2/29/2020 6:57 PM wrote:

>

REQUEST TO STAFF

=====

FROM: Donell Hickman, 77957-054
TO: Mr. Hanson, N-1 Unit Manager FCI Hazelton, WV.
DATE: 3-1-2020
SUBJECT: TORT CLAIM SF-95 SENT TO THE NORTHEAST REGIONAL OFFICE 11-20-2018
=====

COPIES SENT TO: Regional Director, Northeast Regional Office
2nd & Chesnut St., 7th Floor Philadelphia, PA. 19106

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The safety Officer told me that I had to file a SF-95 within 2 years of the injury. I did that all to no avail i.e. I can't get a response from the (N R O).

REQUEST: I request that you call the (N R O) and see wear my response to my 11-20-2018 filed SF-95.

Thank You,

EXHIBIT B



U.S. Department of Justice

Federal Bureau of Prisons

Northeast Regional Office

U.S. Custom House-7th Floor
2nd & Chestnut Streets
Philadelphia, PA 19106

July 6, 2020

Mr. Donell Hickman, Reg. No. 77957-054
FCI Hazelton
P.O. Box 5000
Bruceton Mills, WV 26525

RE: Administrative Claim No. TRT-NER-2020-05489

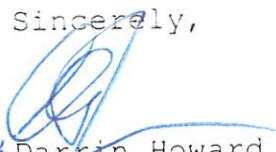
Dear Mr. Hickman:

This office is in receipt of your claim, received on March 13, 2020, in which you seek compensation in the amount of \$5,000,000.00 for an alleged personal injury. Specifically, you allege on December 22, 2016, you fell from the top bunk at MDC Brooklyn, resulting in the loss of one eye. You claim staff failed to provide you with follow-up medical care to restore your eyesight.

After review, your claim has been denied because you have failed to submit your administrative claim within the time restrictions contained in the applicable statutes and federal regulations. Pursuant to 28 U.S.C. § 2401(b), a tort claim against the United States shall be forever barred unless it is presented in writing to the appropriate Federal agency within two years after such claim accrues.

If you are dissatisfied with this decision, you may bring an action against the United States in an appropriate United States District Court within six (6) months of the date of this letter.

Sincerely,


Darin Howard
Regional Counsel

cc: D. Edge, Warden, MDC Brooklyn

EXHIBIT C

FROM: DONELL HICKMAN

REG. NO. 77957-054

F.C.I. HAZELTON

P.O. BOX 5000

BRUCEYON MILLS, W.V. 26505

TO: F.B.O.P. NORTHEAST REGIONAL OFFICE

C/O SF-95

2ND AND CHESTNUT STREET, 7TH FLOOR

PHILADELPHIA, PA. 19106

RE: FEDERAL TORT CLAIM FOR INJURY FILED ON 11/20/2018.

DATE: JANUARY 8, 2021

DEAR SIR OR MADAM,

THIS IS MY FOURTH LETTER OF INQUIRY TO
INQUIRE ABOUT THE STATUS OF MY CLAIM
FOR INJURY I FILED WITH YOUR OFFICE ON
NOVEMBER 20, 2018 FOR INJURIES I SUFFERED
ON DECEMBER 22, 2016 FOLLOWING A SURGERY
ON MY RIGHT EYE RESULTING IN THE LOSS OF
MY SIGHT IN SAID EYE.

TO DATE I HAVE NOT RECEIVED ANY CONFIRMATION

EX: A for SF-95
page A-1 to 1-64
(page 4 not given to me)
11/20/2018

1-1

bioRxiv preprint doi: <https://doi.org/10.1101/2017.07.19.171796>; this version posted July 20, 2017. The copyright holder for this preprint (which was not certified by peer review) is the author/funder, who has granted bioRxiv a license to display the preprint in perpetuity. It is made available under aCC-BY-NC-ND 4.0 International license.

Reg. No. 77637-05
HUGHES DONELL
MEDIC 1586028
DOC RTV1978 SAC M

[illegible]

NYU Langone Health System
 LM EMERG/ACC/ICU/CCF
 150 15th Street
 Brooklyn NY 11223-3528
 718/226-1000
 HICOMAN CORP.
 11001 118th St
 DOOR 815/1172 Sec M
 Mfr. 1/27/2016 CC: 1/27/2016
 Hicom, David and J. 118th St

[illegible]

NYU Langone Health
System

LA EMERGENCY DEPT
150 E 5th Street
Brooklyn NY 11225-2108
hospital@nyu.edu

HECHMAJADONILL
MDX 1186308
DOB: 8/15/1978 Sex: M
Adm: 10/11/2016 PC: 1072016

[illegible]

Ex. A

[illegible][illegible][illegible]

[illegible][illegible][illegible]

[illegible]

NYU Langone Health
System
1410 UNIVERSITY STREET
NEW YORK, NY 10016
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NYU Langone Health
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1010 Broadway
New York, NY 10018-3208
Phone: (212) 241-2000
Fax: (212) 241-2000
www.nyu.edu

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Reg. No. TPRS-054

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Fax: (212) 241-2000
www.nyu.edu

NYU Langone Health System

LA Emergency Dept
Room 11133-308
New York, NY 10021-308

NOHMAN COHEN, MD
DOB: 11/18/1958
Age: 62
Sex: M

Printed on 10/27/21 7:53 AM

Page 4

NYU Langone Health System

LA Emergency Dept
Room 11133-308
New York, NY 10021-308

NOHMAN COHEN, MD
DOB: 11/18/1958
Age: 62
Sex: M

Printed on 10/27/21 7:53 AM

Page 4

NYU Langone Health System

LA Emergency Dept
Room 11133-308
New York, NY 10021-308

NOHMAN COHEN, MD
DOB: 11/18/1958
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Sex: M

Printed on 10/27/21 7:53 AM

Page 4

NYU Langone Health System

LA Emergency Dept
Room 11133-308
New York, NY 10021-308

NOHMAN COHEN, MD
DOB: 11/18/1958
Age: 62
Sex: M

Printed on 10/27/21 7:53 AM

Page 4



FMC Butner
1000 Old Highway NC 75
Butner, NC 27509
919-575-3900 x5707

*** Sensitive But Unclassified ***

Name HICKMAN, DONELL
Reg # 77957-054
DOB 08/15/1978
Sex M

Facility FCI Hazelton
Order Unit N01-127L
Provider Jennifer Resh, CRNP

Collected 12/19/2019 09:02
Received 12/20/2019 12:13
Reported 12/20/2019 14:27
LIS ID 853191157

CHEMISTRY

Sodium	139	136-145	mmol/L
Potassium	4.1	3.5-5.1	mmol/L
Chloride	106	98-107	mmol/L
CO ₂	27	21-32	mmol/L
BUN	19	7-26	mg/dL
Creatinine	1.59	0.60-1.30	mg/dL
eGFR (IDMS)	48		
Kidney disease if found over a 3 month period.			
Calcium	9.5	8.4-10.2	mg/dL
Glucose	97	70-109	mg/dL
AST	16	5-34	U/L
ALT	11	8-55	U/L
Alkaline Phosphatase	66	40-140	U/L
Bilirubin, Total	0.2	0.2-1.0	mg/dL
Total Protein	6.9	6.4-8.3	g/dL
Albumin	3.9	3.5-5.0	g/dL
Globulin	3.0		g/dL
Alb/Glob Ratio	1.30	1.00-2.30	
Anion Gap	6.0	9.0-19.0	
BUN/Creat Ratio	12.0	5.0-30.0	
Magnesium	1.9	1.6-3.0	mg/dL
Cholesterol	147	<200	mg/dL
Triglycerides	96	<150	mg/dL
HDL Cholesterol	31	40-60	mg/dL
LDL Cholesterol (calc)	96	<130	mg/dL
Chol/HDL Ratio	4.7	0.0-4.0	

SPECIAL CHEMISTRY

T4, Free	1.03	0.70-1.80	ng/dL
TSH	1.592	0.350-4.940	uIU/mL

HEMATOLOGY

WBC	7.9	4.0-11.0	K/uL
RBC	5.47	4.50-6.00	M/uL
Hemoglobin	14.4	13.5-18.0	g/dL
Hematocrit	43.9	40.0-52.0	%

FLAG LEGEND L=Low LI=Low Critical H=High HI=High Critical A=Abnormal AI=Abnormal Critical

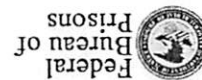
A1C to Blood Glucose Conversion Table: Use this table to see how an A1C test result correlates to average daily blood sugar. Although this is as important as the A1C is, it's not a substitute for frequent self-monitoring. Only regular blood sugar checks show you how meals, activity, medications and stress affect your blood sugar at a single moment in time, as well as over the course of a day or week.

A1C	Glucose	A1C	Glucose	A1C	Glucose	A1C	Glucose	A1C	Glucose	A1C	Glucose	A1C	Glucose
4	68	6	126	8	183	10	240	12	298	14	355		
4.1	71	6.1	128	8.1	186	10.1	243	12.1	301				
4.2	74	6.2	131	8.2	189	10.2	246	12.2	303				YIKES!
4.3	77	6.3	134	8.3	192	10.3	249	12.3	306				
4.4	80	6.4	137	8.4	194	10.4	252	12.4	309				
4.5	83	6.5	140	8.5	197	10.5	255	12.5	312				
4.6	85	6.6	143	8.6	200	10.6	258	12.6	315				
4.7	88	6.7	146	8.7	203	10.7	260	12.7	318				
4.8	91	6.8	149	8.8	206	10.8	263	12.8	321				
4.9	94	6.9	151	8.9	209	10.9	266	12.9	324				
5	97	7	154	9	215	11	269	13	326				
5.1	100	7.1	157	9.1	215	11.1	272	13.1	329				
5.2	103	7.2	160	9.2	217	11.2	275	13.2	332				
5.3	105	7.3	163	9.3	220	11.3	278	13.3	335				
5.4	108	7.4	166	9.4	223	11.4	281	13.4	338				
5.5	111	7.5	169	9.5	226	11.5	283	13.5	341				
5.6	114	7.6	171	9.6	229	11.6	286	13.6	344				
5.7	117	7.7	174	9.7	235	11.7	289	13.7	347				
5.8	120	7.8	177	9.8	235	11.8	295	13.8	349				
5.9	123	7.9	180	9.9	237	11.6	295	13.9	352				

ADA Recommended target = <7% ACE Recommended target = <6.5%

FASTING/Before meals = 80-130 mg/dL

2 hours after meal = < 180 mg/dL



FMC Butner
1000 Old Highway NC 75
Butner, NC 27509
919-575-3900 x5707

*** Sensitive But Unclassified ***

Name HICKMAN, DONELL
Reg # 77957-054
DOB 08/15/1978
Sex M

Facility FCI Hazelton
Order Unit N01-127L
Provider Jennifer Resh, CRNP

Collected 12/19/2019 09:02
Received 12/20/2019 12:13
Reported 12/20/2019 14:27
LIS ID 853191157

HEMATOLOGY

MCV	80.3	80.0-100.0	fL
MCH	26.4	25.4-34.6	pg
MCHC	32.9	31.0-37.0	g/dL
RDW	13.3	11.0-15.0	%
Platelet	265	150-400	K/uL
MPV	9.0	7.0-11.0	fL
Neutrophils #	5.2	1.5-7.1	K/uL
Lymphocytes #	1.8	0.9-3.3	K/uL
Monocytes #	0.7	0.3-1.1	K/uL
Eosinophils #	0.1	0.0-0.7	K/uL
Basophils #	0.0	0.0-0.2	K/uL
Neutrophils %	66.0		%
Therapeutic decision making should be based on absolute values, rather than percentages			
Lymphocytes %	22.9		%
Monocytes %	9.4		%
Eosinophils %	1.2		%
Basophils %	0.5		%

HEMOGLOBIN A1C

Hemoglobin A1C	H	5.8	4.0-5.7	%
----------------	---	-----	---------	---

5.7 - 6.4 Increased Risk
> 6.4 Diabetes
Effective 9/09/19 HA1C methodology changed from HPLC to an enzymatic measurement and the reference range changed from <5.7 to 4.0-5.7.

FLAG LEGEND L=Low LI=Low Critical H=High HI=High Critical A=Abnormal AI=Abnormal Critical

Albuminuria categories			GFR Stages					
A1	A2	A3	Normal to mildly increased	<30 mg/g	30-299 mg/g	≥300 mg/g	G1 Normal or high	G2 Mildly decreased
			Normal to mildly increased	<30 mg/g	30-299 mg/g	≥300 mg/g	G3a Mildly to moderately decreased	G3b Moderately to severely decreased
							G4 Severely decreased	G5 Kidney failure
							≥90	60-90
							45-59	30-44
							15-29	<15

Key to Figure: Colors: Represents the risk for progression, morbidity and mortality by color from best to worst.
 Green: Low Risk (if no other markers of kidney disease, no CKD)
 Yellow: Moderately Increased Risk
 Orange: High Risk
 Red: Very High Risk
 Deep Red: Highest Risk

Thu, 12 Jan 17 1406

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Bellevue Hospital Center
Chart Review Print

Location	Patient Name	Patient Number	Visit Number	Age	Sex
DIS-TM3 Bed3	Hickman,Donell	3760350	3760350-2	38Y	M

Attending Physician
Gulati,Rajneesh D.O.B.
08/15/1978

Unscheduled ED Assign Team/Location
Event Time: Tue, 27 Dec 16 2238

Status: complete

Tue, 27 Dec 16 2239 Documented by Massin Feliz, RN

Team : AES Team 3
Location: AES - ENT/Ophtho Rm
Nurse : Massin Feliz, RN

Unscheduled ED Assign Team/Location
Event Time: Wed, 28 Dec 16 0635

Status: complete

Wed, 28 Dec 16 0636 Documented by Massin Feliz, RN

Team : AES Team 3
Location: AES - Suture Rm
Nurse : Massin-Feliz, RN

Unscheduled ED Assign Team/Location
Event Time: Wed, 28 Dec 16 0746

Status: complete

Wed, 28 Dec 16 0746 Documented by Hannah Kroll, RN

Team : AES Team 3
Location: AES - Suture Rm
Nurse : Hannah Kroll, RN

Unscheduled ED Provider Progress-Reassessment
Event Time: Wed, 28 Dec 16 0807

Status: complete

Wed, 28 Dec 16 0807 Documented by Marjory Desulme, NP

ED Attending : Marjory Desulme, NP
Provider : Marjory Desulme, NP
Provider Update Note : Pt is pending ophtho re eval to determine admission or admit
ED Alerts : Prisoner (Other);
Med Decision Making : None
Suspected Sepsis : no

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Thu, 12 Jan 17 1406

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Bellevue Hospital Center
Chart Review Print

Location	Patient Name	Patient Number	Visit Number	Age	Sex
DIS-TM3 Bed3	Hickman,Donell	3760350	3760350-2	38Y	M

Attending Physician
Gulati,Rajneesh D.O.B.
08/15/1978

Unscheduled ED MD Disposition Note/Order (ED MD Disposition Note)
Event Time: Wed, 28 Dec 16 1112

Status: complete

Wed, 28 Dec 16 1115 Documented by Marjory Desulme, NP

ED Attending : Marjory Desulme, NP
Provider : Marjory Desulme, NP
Disposition : Discharged to Home or Self Care
Disposition Date/Time : Wed, 28 Dec 2016 1112
Primary Dx : Blindness, right eye, normal vision left eye
Secondary Dx(s) : none
Procedure(s) : No procedures performed
Discharge Rx : Maxitrol Ophthalmic ointment apply to affected lesions BID X 7 days, and Erythromycin ophthalmic ointment BID apply to affected lesions X 7 days after completion of maxitrol. Medication Reconciliation Complete. No changes to current medications. Stable
no
no hiv test at this visit
Please follow up with ophthalmology clinic on 1/4/7 at 9am and Ophthalmology clinic 1/9/17 at 11am
English
Patient in ED. Keep/Add back on Whiteboard.
Please provide discharge paperwork
I have reviewed the patient's history through internal records or an outside referral.
I have reviewed all labs, ancillary testing, and radiology resulted for this patient prior to disposition.

Focused Med Rec

Condition
Discharge Center?
HIV Test Results
Follow Up

DC Report Language
Whiteboard Display

Instructions for RN
Med Decision Making

Tests Reviewed

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Thu, 12 Jan 17 1406

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Bellevue Hospital Center
Chart Review Print

Location	Patient Name	Patient Number	Visit Number	Age	Sex
DIS-TM3 Bed3	Hickman,Donell	3760350	3760350-2	38Y	M

Attending Physician
Gulati,Rajneesh D.O.B.
08/15/1978

Unscheduled ED Provider Progress-Reassessment
Event Time: Wed, 28 Dec 16 0955

Status: complete

Wed, 28 Dec 16 1056 Documented by Marjory Desulme, NP

ED Attending : Marjory Desulme, NP
Provider : Marjory Desulme, NP
Provider Update Note : As per Dr Bottini, Ophthalmology MD will review MRI results and determine if pt will be admitted or discharged.
ED Alerts : Prisoner (Other);
Med Decision Making : None
Suspected Sepsis : no

Unscheduled ED Provider Progress-Reassessment
Event Time: Wed, 28 Dec 16 1103

Status: complete

Wed, 28 Dec 16 1108 Documented by Marjory Desulme, NP

ED Attending : Marjory Desulme, NP
Provider : Marjory Desulme, NP
Provider Update Note : As per Dr Bottini, Pt will be discharged with follow up appointment with ophthalmology on Jan 4th at 9am and Jan 9th at 11am. Pt will be given prescription for Maxitrol ophthalmic ointment to be applied BID X 1 week, Erythromycin ophthalmic ointment BID to affected lesions to be started after 1 week of maxitrol ointment.
ED Alerts : Prisoner (Other);
Med Decision Making : None
Suspected Sepsis : no

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Thu, 12 Jan 17 1406

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Bellevue Hospital Center
Chart Review Print

Location	Patient Name	Patient Number	Visit Number	Age	Sex
DIS-TM3 Bed3	Hickman,Donell	3760350	3760350-2	38Y	M

Attending Physician
Gulati,Rajneesh D.O.B.
08/15/1978

Unscheduled ED RN Discharge
Event Time: Wed, 28 Dec 16 1141

Status: complete

Wed, 28 Dec 16 1142 Documented by Hannah Kroll, RN

Preferred Language : English
Communication Ability : Able to communicate
Language Used : English
Pain Screen : no change from last pain screen
Provider Disposition : Discharged to Home or Self Care
Provider Diagnosis : Blindness, right eye, normal vision left eye
Provider's DC Handoff to RN : Please provide discharge paperwork
Exit Accompanied By : DOC
Ambulatory Status : Ambulatory
DC/Transfer To : DOC custody
Follow Up : Bellevue clinic: Eye clinic
Prescriptions Given : Yes, to patient
DC Assessment : No medical devices
Whiteboard Display : Patient left ED. Remove from all Whiteboards.
Vision Status : normal vision

Patient Exit
Event Time: Wed, 28 Dec 16 1142

Status: complete

Wed, 28 Dec 16 1345 Documented by

*** End of Report ***

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28 Dec 1115

Page 1 of 2

Patient Discharge Report
Bellevue Hospital Center Emergency Department
462 First Avenue, New York, NY 10016

Patient Name: Hickman, Donell
MR#: 3760350

77957-054
DOB: 8-15-78

Date & Time: Wed 12/28/2016 11:12

Attending Physician: Marjory Desulme, NP
Emergency Provider: Marjory Desulme, NP
Diagnosis: Blindness, right eye, normal vision left eye
Disposition: Discharged to Home or Self Care

Tests Performed: Ocular CT* w/o con Not Prol, Ocular MRI* w/o w/ con Not Prol NA Adult, Brain MRI* w/o w/ con Not Prol NA Adult
Procedure(s): No procedures performed

Discharge Instructions:

Return to the Emergency Department if you think there may be a serious threat to your health. These problems vary depending on your underlying condition, but include such problems as high fever, severe pain, shortness of breath, persistent vomiting, excessive diarrhea, heavy bleeding, black stools, seizure/convulsion, or change in behavior. Ask your doctor or nurse to inform you of any problems that may be more specific to your visit today.
Additional Instructions from your Provider:

Prescriptions provided by the Emergency Department:

Medication	Dose	Frequency
Erythromycin Ophthalmic Ointment 5 MG/GM	*1 a small amount into affected eye as directed	*twice a day for 7 days
Maxitrol Ophthalmic Ointment 3.5-10000-0.1	*1 a small amount into both eyes	*twice a day for 7 days

Follow Up Timeframe: Please follow up with ophthalmology clinic on 1/4/7 at 9am and ophthalmology clinic 1/9/17 at 11am

Your Emergency Department Provider would like you to follow up with your Primary Care Provider (your "Regular Doctor"). If you don't have a Primary Care Provider, we can assist you in finding one near your home. Please see the next page for a list of clinics to find one in your area. If you are an active clinic patient at Bellevue (seen in clinic within the past 18 months) please contact your clinic directly or call 212-562-5555 for an appointment.

Please note that Bellevue Hospital Center does not accept all insurance plans. You can contact your health insurance provider to verify your coverage or contact the Managed Care office at 1-800-505-5678. If you are without health insurance, you may qualify for HHC Options. Please call 212-562-1000 to discuss HHC Options or visit: http://www.nyc.gov/html/hhc/html/access/hhc_options.shtml.

The results of x-rays, ultrasounds, blood tests and EKGs are preliminary at this time. They will be reviewed by a specialist, usually within 24 hours. Should it be necessary, you will be contacted. Notify your primary care physician if you had such tests done

New York City Health and Hospital Corporation Clinics

Manhattan:

Gouverneur Healthcare Services
212-238-7897
Judson Health Center
212-238-7897
Smith Communicare Health Center
212-238-7897
Roberto Clemente / Sylvia Del Villard
212-238-7897
Baruch Houses
212-238-7897
La Clinica Del Barrio
212-432-7000
Sydenham Health Center
212-932-6500
Drew Hamilton Houses
212-939-8950
Grant Houses
212-678-2420
Lenox Avenue
212-678-8420
La Clinica de Las Americas
212-544-2001

Staten Island:

Mariner's Harbor Houses CHC
718-761-2060
Stapleton CHC
718-390-0712

The Bronx:

Segundo Ruiz Belvis
718-579-4000 (ext. 4017 Peds;
ext. 1800 Adult)
Morrisania
718-960-2616
The Health Center at Tremont
718-918-5700
Gunhill
718-918-5700

Brooklyn:

KCH Fifth Avenue
718-768-4081 / 0439 / 7284
Bushwick Health Center
718-388-5889
Greenpoint Community Health Center
718-388-5889
Cumberland
718-388-5889
Ida G. Isreal Community Health Center
718-946-3400

Queens:

Women's Medical Center- Lefrak
718-334-2424

227 Madison St. New York, NY 10002
Services: A, P, W
34 Spring St. New York, NY 10012
Services: A, P, W, D, F, O
60 Madison St. New York, NY 10038
Services: A, P
540 E. 13th St. New York, NY 10009
Services: A, P, B
280 Delancey St. New York, NY 10029
Services: A, P, W
413 E. 120th St. New York, NY 10035
Services: A, P, L, W
215 W. 125th St. New York, NY 10027
Services: A, P, W
2698 8th Ave. New York, NY 10039
Services: A, P, W
3170 Broadway, New York, NY 10027
Services: A, P, W, D
115 W. 116th St. New York, NY 10026
Services: A, P, W
175 Nagle Ave. New York, NY 10034
Services: A, P, W

142 Brabant St. Staten Island, NY 10303
Services: A, P
111 Canal St. Staten Island, NY 10304
Services: A, P

545 E. 142nd St. Bronx, NY 10454
Services: A, P, W, D*, F, O*
1225 Gerard Ave. Bronx, NY 10452
Services: A, P, F, D
1826 Arthur Ave. Bronx, NY 10457
Services: A, P
1012 E. Gunhill Rd. Bronx, NY 10469
Services: A, P

503 Fifth Ave. 2nd Fl, Brooklyn, NY 11215
Services: W
1420 Bushwick Ave. Brooklyn, NY 11207
Services: A, P
875 Manhattan Ave. Brooklyn, NY 11222
Services: A, P
100 N. Portland Ave. Brooklyn, NY 11205
Services: A, P
12201 Neptune Ave. Brooklyn, NY 11224
Services: A, P, W, L, M, E, N

39-17 Junction Blvd. Corona, NY 11368
Services: A, W

28 Dec 16 1115

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Patient Discharge Report
Bellevue Hospital Center Emergency Department
462 First Avenue, New York, NY 10016

Patient Name: Hickman, Donell
MR#: 3760350

Date & Time: Wed 12/28/2016 11:12

during your emergency visit.

It is mandatory that you have notified the physicians and nurses of all of your past medical and surgical history as well as any medications (including over-the-counter and herbal preparations) that you are currently taking. Continue taking any previously prescribed medications, in addition to any new ones from today, unless otherwise informed.

The emergency examination and treatment you received today is not intended to provide you with a complete medical workup. You should follow up with a physician for further evaluation and treatment, and notify your physician of any new or remaining problems. If you have any questions or concerns regarding your treatment today, please call or return to the Emergency Department. Otherwise, follow the instructions provided. Please read any printed educational materials that we may have provided specific to your condition.

If your symptoms are not improving, or begin worsening, contact your primary doctor. If you believe it is an emergency, please return to this or any other Emergency Department or call 911. If you have any questions, feel free to ask your doctor or nurse before you leave.

Patient/Parent/Guardian Signature

Clinician Signature

I have received these instructions and had my questions answered. I also certify that my address, phone number and/or emergency contact information that I provided are accurate.

I have reviewed these instructions with the patient.

Ridgewood Medical Center
718-334-2424
South Queens Multi-Service Center
718-334-2424

QHN Medical Center (Parsons Blvd)
718-334-2424
QHN Medical Center (Springfield Blvd)
718-334-2424

769 Onderdonk Ave. Ridgewood, NY 11385
Services: A, P
114-02 Guy R. Brewer Blvd. Jamaica, NY 11434
Services: A, P, W, G
90-37 Parsons Blvd. Jamaica, NY 11432
Services: A, P, W, R
134-64 Springfield Blvd. Springfield Gardens, NY 11413
Services: A, P, W

Services Key:

A = Adult Medicine / Primary Care
B = Behavioral Health
D = Dentistry (D* = Peds Dentistry only)
E = Endocrinology
F = Podiatry
G = Geriatrics
L = Allergy / Asthma

M = Dermatology
N = Neurology
O = Ophthalmology (O* = Optometry only)
P = Pediatric Medicine / Primary care
R = Breast Practice
W = Women's Health- OB/GYN

8. Blot MD
Staff Physician
MDC Brooklyn

18 of 16

[illegible]

NYU Langone Health
System
145 EMBURY STREET
Room 11100-210
New York, NY 10021-2100
Phone: (212) 241-2100
Fax: (212) 241-2100

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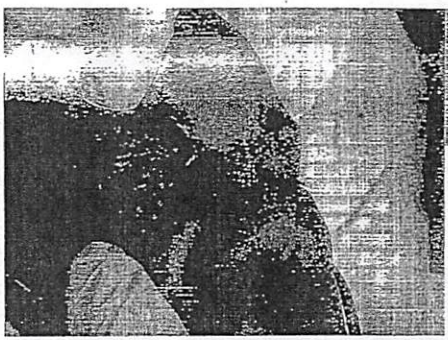
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Thu, 12 Jan 17 1403

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Bellevue Hospital Center
Chart Review Print

Location	Patient Name	Patient Number	Visit Number	Age	Sex
DIS-TM3 Bed3	Hickman, Donell	3760350	3760350-2	38Y	M
Reg No. 77957-054		Attending Physician	D.O.B.		
		Gulati, Rajneesh	08/15/1978		

Admit as

Tue, 27 Dec 16 1840 Documented by Status: complete

Change of Service
Event Time: Tue, 27 Dec 16 1918 Status: complete

Tue, 27 Dec 16 1918 Documented by Alexandra Ortego, MD

Attending Physician : Alexandra Ortego, MD
Preceptor : Rajneesh Gulati, MD
Medical Service : Emergency

Change of Service
Event Time: Tue, 27 Dec 16 2003 Status: complete

Tue, 27 Dec 16 2003 Documented by Julia Paris, MD

Attending Physician : Julia Paris, MD
Preceptor : Rajneesh Gulati, MD
Medical Service : Emergency

Change of Service
Event Time: Wed, 28 Dec 16 0051 Status: complete

Wed, 28 Dec 16 0051 Documented by Matthew McCarty, MD

Attending Physician : Matthew McCarty, MD
Preceptor : Rajneesh Gulati, MD
Medical Service : Emergency

*** End of Report ***

EX-B

FOR SF-95

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11/20/2018

hyperintensity in the right retrobulbar fat likely related to edema and/or hemorrhage. The right medial rectus muscle is partially herniated into the

Read By: Jessica Hu, MD
Date:

Verified By: Jessica Hu, MD

12 Jan 17 1403

Page 2 of 2

Bellevue Hospital Center
462 First Avenue, New York, NY 10016
Radiology Department

Patient: Hickman, Donell MRN-V#: 3760350-2 DOB: 08/15/78 Age: 38Y Sex: M

Location: 000 - Adult ER

DOS: 28 Dec 16 0318
Brain MRI* w/o and w/ contrast

ethmoid air cells, and the right optic nerve sheath and inferior rectus muscle are deviated towards the defect in the right orbital wall. Right medial and inferior rectus muscles demonstrate asymmetric hyperintensity and hyperenhancement. The right optic nerve is asymmetrically attenuated with areas of FLAIR hyperintensity and hypointense enhancement concerning for traumatic optic neuropathy. Right proptosis. Right periorbital soft tissue swelling.

No acute intracranial abnormality.

Final report dictated by and signed by Jessica Hu, MD, 12/28/2016 7:30 AM

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12 Jan 17 1403

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Bellevue Hospital Center
462 First Avenue, New York, NY 10016
Radiology Department

Patient: Hickman, Donell MRN-V#: 3760350-2 DOB: 08/15/78 Age: 38Y Sex: M

Location: 000 - Adult ER

DOS: 28 Dec 16 0318
Brain MRI* w/o and w/ contrast

CLINICAL INDICATION: new NLP VA OD s/p trauma 12/22/16

Technique: Multiplanar multi-sequence MR images of the brain and orbits were obtained before and after the intravenous administration of 20 cc of Magnevist.

Comparison: Correlation with CT orbits of 12/27/2016

Findings:

There is redemonstration of a fracture of the right lamina papyracea, with orbital fat herniating into the ethmoid air cells and inferiorly into the right nasal cavity. There is extensive abnormal STIR hyperintensity throughout the right intraconal and extraconal fat, most compatible with edema and/or hemorrhage. The right medial rectus muscle is partially herniated into the ethmoid air cells. The right optic nerve sheath complex and the right inferior rectus muscle are deviated towards the defect in the medial orbital wall. Both the right medial and inferior rectus muscles demonstrate increased STIR hyperintensity and hyperenhancement. The right optic nerve appears attenuated compared with the left, with areas of asymmetric FLAIR hyperintensity and hypoenhancement, which may reflect traumatic optic neuropathy. There is right proptosis. The right globe and lens are intact, although gaze is discordant. There is right periorbital soft tissue swelling. The left orbital wall and contents are intact.

The ventricular system is of normal configuration. There is no mass effect, midline shift or intracranial hemorrhage. There is no abnormal intrinsic signal.

There is no abnormal parenchymal or leptomeningeal contrast enhancement. There are no extra axial collections. Normal flow voids of intracranial vessels are seen on spin echo imaging. There is no evidence of a diffusion abnormality to suggest acute or subacute infarction. Scattered areas of mucosal thickening of the visualized paranasal sinuses. Layering fluid in the right maxillary sinus likely hemorrhage.

Impression:

Redemonstration of a right lamina papyracea fracture with orbital fat herniating into the ethmoid air cells and right nasal cavity. Extensive abnormal STIR

2

Read By: Jessica Hu, MD
Date:

Verified By: Jessica Hu, MD

12 Jan 17 1404

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Bellevue Hospital Center
462 First Avenue, New York, NY 10016
Radiology Department

Patient: Hickman, Donell MRN-V#: 3760350-2 DOB: 08/15/78 Age: 38Y Sex: M

Location: 000 - Adult ER

DOS: 28 Dec 16 0318
Orbits MRI* w/o and w/ contrast

CLINICAL INDICATION: new NLP VA OD s/p trauma 12/22/16

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Impression:

Redemonstration of a right lamina papyracea fracture with orbital fat herniating into the ethmoid air cells and right nasal cavity. Extensive abnormal STIR

4

hyperintensity in the right retrobulbar fat likely related to edema and/or hemorrhage. The right medial rectus muscle is partially herniated into the

Read By: Jessica Hu, MD
Date: 12/28/2016

Verified By: Jessica Hu, MD

12 Jan 17 1404

Bellevue Hospital Center
462 First Avenue, New York, NY 10016
Radiology Department

Page 2 of 2

Patient: Hickman, Donnell MRN-V#: 3760350-2 DOB: 08/15/78 Age: 38Y Sex: M

Location: 000 - Adult ER

DOS: 28 Dec 16 0318

Orbits MRI* w/o and w/ contrast

ethmoid air cells, and the right optic nerve sheath and inferior rectus muscle are deviated towards the defect in the right the orbital wall. Right medial and inferior rectus muscles demonstrate asymmetric hyperintensity and hyperenhancement. The right optic nerve is asymmetrically attenuated with areas of FLAIR hyperintensity and hypointense enhancement concerning for traumatic optic neuropathy. Right proptosis. Right periorbital soft tissue swelling.

No acute intracranial abnormality.

Final report dictated by and signed by Jessica Hu, MD, 12/28/2016 7:30 AM

12 Jan 17 1404

Bellevue Hospital Center
462 First Avenue, New York, NY 10016
Radiology Department

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Patient: Hickman, Donnell

MRN-V#: 3760350-2 DOB: 08/15/78 Age: 38Y Sex: M

Location: 000 - Adult ER

DOS: 27 Dec 16 2330

Orbits CT* w/o contrast

Indication: Recent trauma with medial canthal ligament repair. Patient now has no light perception.

Technique: Routine noncontrast multidetector CT of the orbits with sagittal and coronal reformations.

FINDINGS/IMPRESSION:

Comminuted right medial orbital wall fractures persist with extension through the medial aspect of the orbital floor with herniation of intraorbital fat through the defect. Proptosis remains. There is mild retro-orbital stranding and

thickening at the optic nerve insertion raising concern for traumatic optic neuropathy. Left globe and lens are intact. No additional injuries are seen.

Final report dictated by and signed by Mark Bernstein, MD, 12/27/2016 11:55 PM

Read By: Mark P Bernstein, MD
Date: 12/27/2016

Verified By: Mark P Bernstein, MD

Thu, 12 Jan 17 1406

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Bellevue Hospital Center
Chart Review Print

Location	Patient Name	Patient Number	Visit Number	Age	Sex
DIS-TM3 Bed3	Hickman, Donnell	3760350	3760350-2	38Y	M

Attending Physician: Gulati, Rajneesh D.O.B.: 08/15/1978

Unscheduled ED Triage Note

Event Time: Tue, 27 Dec 16 1849

Status: complete

Tue, 27 Dec 16 1853 Documented by Juliana Bello, RN

Life Saving : Complete Full Triage Note
Communication Method : Direct Communication in English
Restraints : Patient brought in to ED in handcuffs.
Mode of Arrival : police agency
Chief Complaint : missed optho clinic appointment ,
Pre-Hospital Tx : None
Assessment : awake, alert, dressing to R eye, here to follow up with optho, missed optho appointment today
(Clinic Past Med/Surg Hx) : See hpi
Past Medical/Surgical Hx : Depression
Allergies - Medications : no known drug allergies
Allergies - Other : no known allergens
Visual Status : normal vision
Domestic Violence : Domestic Violence: no
Psych Risk Assessment : None indicated at this time
ED Alerts : Prisoner (Other);
Blood Pressure : 138/95
Pulse : 95
Respirations : 18
Temperature : 98.1 F (36.7 C)
Temperature Method : Tympanic
O2 Saturation : 100 %
Suspected Infection? : no
Alteration of Mental Status : no
Pain Screen : pt denies pain at this time
ESI Level : 4
Team Assigned : AES Team
Suspected Sepsis : no
Blood/Body Fluid Exposure? : no

Thu, 12 Jan 17 1406

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Bellevue Hospital Center
Chart Review Print

Location	Patient Name	Patient Number	Visit Number	Age	Sex
DIS-TM3 Bed3	Hickman, Donnell	3760350	3760350-2	38Y	M

Attending Physician: Gulati, Rajneesh D.O.B.: 08/15/1978

Unscheduled ED RN Initial Assessment

Event Time: Tue, 27 Dec 16 2040

Status: complete

Tue, 27 Dec 16 2242 Documented by Massin Felix, RN

Vital Signs : Vitals recently documented and reviewed
Pain Screen : no change from last pain screen
ESI Level : 4
Chief Complaint : missed optho clinic appointment ,
Triage Assessment : awake, alert, dressing to R eye, here to follow up with optho, missed optho appointment today
Pre-Hospital Tx : None
Focused Assessment : Patient is a6ox3, breathing spnt unlabored. no acute distress. here for follow up due to right eye surgery. unable to open right eye. appears swollen as well.
(Clinic Past Med/Surg Hx) : See hpi
Past Medical/Surgical Hx : Depression
Medications on Arrival : No Medications
Allergies - Medications : no known drug allergies
Allergies - Other : no known allergens
Med Allergy (ies) Documented/Rev'd? : (Yes) Allergies reviewed or documented
Domestic Violence : Domestic Violence: no
Psych Risk Assessment : None indicated at this time
ED Alerts : Prisoner (Other);
Height : 182.88 cm (72.00 in, 6'0.0")
Preferred Language : English
Communication Ability : Able to communicate
Language Used : English
Suspected Sepsis : no
Vision Status : normal vision

DONALD HICKMAN
7-957-054

FEDERAL CORRECTIONAL INSTITUTION
HAZELTON
P.O. BOX 5000
BRUGTON MILLS, W.V. 26525



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